

## Chapter 3



# Early Intervention Services

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**3.0.0 Early Intervention Services**

**3.0.1 Authority:** 20 U.S.C. §§1431, et seq.; 34 C.F.R. §§303.303-346, 420, and 421

**3.0.2 General Policy**

1. Early intervention enhances the confidence and competence of parents and other caregivers in the lives of children, birth to three, with developmental delays. Early intervention professionals support parents and caregivers to identify and use strategies that help their children engage in and learn from everyday interactions, activities, routines, and events.
2. Early intervention is successful when (A) families report that early intervention has helped them (i) support their child's learning and development, (ii) communicate their child's interests and needs to important people in their child's life, (i.e. siblings, grandparents, family members, friends, child care providers/teachers, or others) and (iii) know their early intervention rights, and (B) children demonstrate (i) improved positive social and emotional skills, including relationships (ii) acquire and use knowledge and skills, and (iii) use appropriate behaviors to meet their needs.

**3.1.0 Initial Planning Process**

**3.1.1 General Policy**

1. The initial planning process is the events and activities beginning with referral to the Arizona Early Intervention Program (AzEIP) and includes the referral, screening, evaluation, eligibility determination, and, if AzEIP eligible, initial child and family assessment to identify family's priorities, resources, and interests, and the development of the initial Individualized Family Service Plan (IFSP). The initial planning process begins the collaborative relationship between the family and AzEIP, through giving and gathering information to facilitate appropriate next steps.
2. The initial planning process must be completed within 45 days from the date a referral is received by AzEIP.
3. The 45-day timeline does not apply when:
  - A. The child or parent is unavailable to complete the screening, initial evaluation or assessment, or the initial IFSP meeting due to exceptional family circumstances that are documented in the child's early intervention records; or
  - B. The parent has not provided consent to screen, evaluate or assess the child, despite documented, repeated attempts by the Early Intervention Program to obtain parental consent.
4. An Early Intervention Program (EIP) is defined as the DES/AzEIP contracted region for team-based early intervention services and includes the team(s) working together in that region together and consisting of:
  - A. The early intervention professionals working with one AzEIP Team-based Early Intervention Services contractor;
  - B. All the DDD service coordinators working as part of the team with the early intervention professionals included in (1); and

- C. All ASDB service coordinators and Vision Specialists and Hearing Specialists working as a part of the team with the early intervention professionals included in (1).

An EIP has only one AzEIP Team-based Early Intervention Services contractor; there may be more than one EIP in a region where the region has multiple AzEIP Team-based Early Intervention Services contractors.

5. The EIP must complete the screening, initial evaluation, eligibility determination, initial child and family assessment, and/or the initial IFSP meeting as soon as possible after the documented exceptional family circumstances no longer exist or the parental consent is obtained for the screening.
6. EIPs use the AzEIP Data Form to document critical data elements and enter all data into I-TEAMS throughout the initial planning process.

### **3.1.2 Initial Referral Policy**

1. Any referral source may refer directly to AzEIP as soon as possible, but in no case more than seven days, after the child has been identified as suspected of having a developmental delay or disability, as defined by AzEIP's eligibility criteria. Referrals may be made by families, physicians, hospitals, and others in the medical community, schools, childcare providers, and other referral sources.
2. All AzEIP personnel, employed or contracted, recognize a single referral date. A referral made to AzEIP's Central Referral System, the Department of Economic Security/Division of Developmental Disabilities (DDD) or to the Arizona State Schools for the Deaf and the Blind (ASDB) for a child birth to three years of age is considered a referral to AzEIP. Therefore, the date a referral is received by one of these entities is the date the timeline begins to ensure an eligible child receives the appropriate initial planning process steps and activities within 45 days.
3. In a region where there is one EIP serving the entire region, referrals are made directly to the EIP.
4. In regions where there is more than one EIP serving the region or the referral is received by an EIP not serving the region where the child lives, referrals are made or directed to the Central Referral System. If an EIP in a region with more than one program receives a direct referral, it sends all information received with the referral to the Central Referral System within one business day, and the Central Referral System determines which EIP the referral will be sent to.
5. ASDB may receive referrals for children with visual and hearing impairments directly.
6. A service coordinator is identified for a family upon receipt of the referral by (i) the EIP that will be processing the referral for a region or (ii) ASDB.
7. If an EIP, contracted to use dual role service coordination, provides dual role, the following requirements must be met of the dual role service coordinator:

- A. identified at referral;
  - B. the individual qualifies as a service coordinator and at least one other of the following disciplines: developmental special instructionist (DSI); occupational therapist (OT), physical therapist (PT), or speech-language pathologist (SLP);
  - C. is a member of the evaluation or assessment team for the family;
  - D. attends and facilitates (as the only service coordinator or in coordination with the DDD service coordinator, if the child is DDD eligible and with other team members) the initial IFSP meeting; and
  - E. may continue as a dual role service coordinator during ongoing services only if they are also identified as the appropriate Team Lead for the family.
8. A referral to AzEIP for a child younger than 2 years, 10 ½ months begins the initial planning process, which may include screening, evaluation, eligibility determination, and, if AzEIP eligible, assessment, identification of family priorities, resources, and interest, and the development of the IFSP.
9. Upon referral of a child who is 2 years, 10 ½ months to 5 years of age, the EIP and/or the Central Referral System assist the parent (or other referral source) to initiate contact with the appropriate School District of Residence. The procedures outlined in the Child Find Intergovernmental Agreement between the Arizona Department of Economic Security and the Arizona Department of Education must be followed. The EIP or Central Referral System assists the family either by (1) making a referral to the school after obtaining the parent's written consent or, (2) providing the parent with the contact information for the school, if they choose not to provide consent to make the referral.
10. DES/AzEIP, the Central Referral System, and the EIPs ensure compliance with Arizona's Address Confidentiality Program (ACP), which protects the home address of a person who has an ACP card issued from the Arizona Secretary of State's Office.

### **3.1.3 Procedures**

1. Referrals are received in many ways, including, referrals through the online referral system, and by mail, e-mail, and fax.
2. The Central Referral System follows the AzEIP Central Referral Guidelines to process referrals it receives. The guidelines are available on the AzEIP website. According to the guidelines, the Central Referral System will process referrals and direct to the appropriate EIP.
3. Upon receipt of a referral by ASDB, ASDB sends within one business day from receipt the referral information to either (1) the EIP solely serving an entire region; or (2) the Central Referral System if it is a region where there is more than one EIP serving the region. ASDB then undertakes the following procedures:
  - A. Within two business days from receipt of the referral, ASDB determines whether it will maintain service coordination functions for the child and family while enrolled in AzEIP or whether it will assign service coordination functions to the EIP. ASDB provides its

- decision to the EIP or the Central Referral system (ASDB contacts the Central Referral System to identify the EIP where there are multiple EIPs in a region.)
- B. ASDB determines eligibility for ASDB and assists the EIP to determine AzEIP eligibility based on its vision and hearing expertise.
  - C. The ASDB service coordinator and/or vision/hearing specialists work together to complete the required steps of the initial planning process according to AzEIP policies and procedures as provided in this chapter and other AzEIP chapters.
  - D. ASDB provides all necessary data to the EIP to ensure timely entry into I-TEAMS by the EIP.
- 4. Upon receipt of a referral by the EIP serving the child and family, the identified AzEIP service coordinator (from the EIP or ASDB) makes the initial contact with the family. Contact generally is made by telephone unless the family has specified otherwise and for families without a telephone, by letter.
  - 5. The AzEIP service coordinator contacts the family as soon as possible and no later than two (2) business days from the date the referral was sent by either ASDB or the Central Referral system to confirm receipt of the referral, briefly describe the purpose of early intervention and the early intervention process, and verify the family's interest in proceeding with early intervention.
  - 6. The AzEIP service coordinator must make repeated attempts to contact the family over a two to three week period on different days of the week and at different times of the day.
    - A. Attempts to contact the family must be documented in the child's record.
    - B. If the family does not have a telephone, other means, such as sending a letter, should be used allowing the family sufficient time to respond.
    - C. The AzEIP service coordinator should also contact the referral source to determine if there are other means to contact the family.
  - 7. In describing early intervention to families, the service coordinator shares information about the following early intervention key principals:
    - A. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
    - B. All families, with the necessary supports and resources, can enhance their children's learning and development.
    - C. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.
    - D. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.
    - E. IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.
    - F. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.

G. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

Workgroup on Principles and Practices in Natural Environments (November, 2007) *Mission and principles for providing services in natural environments. OSEP TA Community of Practice-Part C Settings.*

8. The EIP or ASDB (depending upon who provides service coordination) completes a referral letter and sends it to the referral source within seven calendar days, if the referral source is other than the parent.
9. If a referral cannot be processed because there is not enough information to contact the family, and reasonable attempts to gather this information from the referral source are unsuccessful, a letter will be sent to the referral source notifying them that the referral will be closed, and further action will not be taken.
10. After the initial referral, the AzEIP service coordinator:
  - A. ensures that all initial referral information is documented on the AzEIP Data form and entered into I-TEAMS; and
  - B. documents all activities and maintains a contact log in the child's record.
11. If a parent or other individual with whom the child lives informs the EIP that s/he is part of Arizona's Address Confidentiality Program (ACP), the AzEIP service coordinator will
  - A. immediately notify DES/AzEIP of the ACP participant;
  - B. assist the ACP participant with providing a copy of the ACP card issued by the Arizona Secretary of State's Office to the EIP;
  - C. send a copy of the ACP card to DES/AzEIP; and
  - D. follow the AzEIP Guidelines for Working with Individuals in the Address Confidentiality Program.

Per those Guidelines, at no time will an ACP's residential address be input into I-TEAMS or any other database or be included in the child's records. If the address was previously entered into I-TEAMS, it will be deleted. The address shall be kept in a separate, locked file for purposes only of making home visits. The ACP participant's State issued address should be used in all child records (paper and electronic).

### 3.1.4 Eligibility Policy

1. Arizona defines as eligible a child between birth and 36 months of age, who is developmentally delayed or who has an established condition that has a high probability of resulting in a developmental delay.
  - A. A child birth to 36 months of age will be considered to exhibit developmental delay when that child has not reached 50 percent of the developmental milestones expected at his/her chronological age, in one or more of the following domains:
    - (1) Physical: fine and/or gross motor and sensory (includes vision and hearing);
    - (2) Cognitive;
    - (3) Language/communication;
    - (4) Social or emotional; or
    - (5) Adaptive (self-help).

- B. Established conditions that have a high probability of developmental delay include, but are not limited to:
- (1) Chromosomal abnormalities;
  - (2) Genetic or congenital disorders;
  - (3) Disorders reflecting disturbance of the development of the nervous system, such as autism spectrum disorders, seizure disorders, and children born addicted to narcotics, alcohol or an illegal substance;
  - (4) Congenital Infections, such as congenital cytomegalovirus, congenital toxoplasmosis and congenital rubella;
  - (5) Metabolic disorders;
  - (6) Hydrocephalus;
  - (7) Neural tube defects (e.g., spinal bifida);
  - (8) Intraventricular hemorrhage, Grade III or IV;
  - (6) Periventricular leukomalacia;
  - (7) Cerebral palsy;
  - (8) Significant auditory impairment;
  - (9) Significant visual impairment;
  - (10) Failure to thrive/pediatric undernutrition;
  - (11) Severe attachment disorders; and
  - (12) Disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.
2. The state's definition of an eligible child does not include a child who is "at risk" of having substantial developmental delays if early intervention services are not provided.
3. A child may be determined eligible for AzEIP by:
- A. a review of medical or other records documenting that the child has an established condition;
  - B. a review of medical or other records documenting that the child has a 50 percent developmental delay in one more of the developmental areas identified in Section 3.1.4.1.A.; or
  - C. completion of a multidisciplinary evaluation covering all developmental areas that establishes the child has a 50 percent developmental delay in one or more of the developmental areas.
4. One of the following disciplines may determine AzEIP eligibility based on an established condition upon review of medical or other records prepared or authorized by a qualified physician or other professional: DSI, OT, PT, SLP, Social Worker (SW), Psychologist (Psych), Teacher of the Visually Impaired (TVI) or Teacher of the Deaf/Hearing Impaired (TOD). The TVI or TOD determines ASDB eligibility and may determine AzEIP eligibility of a significant visual or hearing impairment.
5. To determine eligibility based on a review of medical or other records establishing a developmental delay, the following criteria must be met:

- A. the core team member (PT, OT, SLP, or DSI), or psychologist, or social worker of the same discipline as the qualified professional who completed the record establishing the 50 percent delay, must review the record to determine eligibility; and
  - B. the record documenting the delay may not be more than six months old.
- 6. To determine eligibility based on a multidisciplinary evaluation covering all areas of development, the EIP must use two individuals who are of the following disciplines: DSI, OT, PT, SLP, Pscyh, SW, TVI, or TOD.
  - 7. Informed clinical opinion is a part of every eligibility decision and may be used as an independent basis to establish a child's eligibility for AzEIP even when other instruments do not establish eligibility. However, in no event may informed clinical opinion be used to negate the results of evaluation instruments that document AzEIP eligibility.
  - 8. The AzEIP service coordinator is responsible for providing all needed records (including medical records and the evaluation report, if an evaluation was conducted) to ASDB or DDD to determine potential ASDB or DDD eligibility as soon as the team identifies that the child may be potentially eligible for either of these agencies. DDD determines DDD eligibility. ASDB determines ASDB eligibility.
  - 9. If DDD determines that a child is eligible for DDD and the child is DDD State-Only, the AzEIP service coordinator ensures that the DDD Application for Eligibility Determination is completed with the family before or during the initial IFSP meeting.
  - 10. Early intervention services for an eligible child and the child's family may begin before the completion of the evaluation and assessments if:
    - A. Parental consent is obtained;
    - B. An interim IFSP is developed that includes the—
      - (1) name of the service coordinator who will be responsible for implementing the interim IFSP and coordinating with other agencies and persons; and
      - (2) early intervention services that have been determined to be needed immediately for the child and family by the team.
    - C. The evaluations and/or assessments are completed within 45 days from referral.

Interim IFSPs are appropriate for eligible children when the child and family are in immediate need of services prior to the child and family assessment and completion of the IFSP.

### **3.1.5 Procedures**

- 1. The AzEIP service coordinator coordinates to ensure the appropriate team member(s) review records to determine eligibility. Eligibility decisions based on a review of records are documented on the AzEIP data form. When the referral included the documentation establishing eligibility, the referral date and the eligibility date may be the same date.
- 2. When the child is potentially eligible for DDD, the AzEIP service coordinator or a team member completes the top portion of the DDD Application for Eligibility form with the family and sends the original to DDD, maintaining a copy in the child's record.



3. For children who are not eligible based on a records review, the service coordinator schedules a visit with the family to share information about the early intervention process, including the screening and evaluation process.
4. If an interim IFSP is required, the service coordinator and the family develop an interim IFSP for an eligible child when obvious, immediate needs are identified. The interim IFSP includes the name of the service coordinator, the early intervention services determined to be needed immediately, and parental consent to initiate services, including acknowledgement of provisions. The evaluation, if needed and assessment must still be completed within 45 days.

### **3.1.6 Initial Family Visit Policy**

1. An initial visit with the family occurs within ten business days from the initial AzEIP referral date to complete the following activities:
  - A. discuss the purpose of early intervention;
  - B. explore the priorities and concerns of the family;
  - C. explain the family's rights in early intervention, including sharing the Child and Family Rights in the Arizona Early Intervention Program booklet (family rights booklet) with the family;
  - D. explain the different funding sources used in early intervention, including sharing "A Family Guide to Funding Early Intervention Services in Arizona" (family funding booklet) with the family; and
  - E. if appropriate, discuss screening activities.
2. Screening processes are used for children who meet one of the following criteria:
  - A. do not have medical or other records indicating that the child's level of functioning in one or more of the developmental areas constitutes a 50 percent developmental delay;
  - B. do not have an established condition; or
  - C. have not been recently screened with a screening tool, which was included with the referral.
3. Prior to conducting a screening, the parent's written consent must be obtained.
4. Screening provides a look at a child's development, including vision and hearing, to determine if there are potential developmental concerns, which should be explored through evaluation. Screening cannot be used for eligibility or diagnostic purposes.
5. Screening activities are carried out to identify, at the earliest possible age, children suspected of having a developmental delay and who are in need of early intervention services. Screening includes parent report, observation, the gathering of information from families/caregivers and/or records indicating the results of recent and appropriate screening, and may include the administration of appropriate instruments by personnel trained to administer those instruments.

6. When a screening tool is administered, an AzEIP-approved screening tool must be used to ensure all areas of development are covered. Additional screening tools may be used to supplement the screening information. The approved list of screening tools is available on AzEIP's website and is updated as needed to maintain a current and comprehensive list of tools.
7. Before conducting a screening of a child to determine whether the child is suspected of having a developmental delay, the EIP ensures that:
  - A. prior written notice of the EIP's intent to screen is provided to the parent, including notice that the parent may request an evaluation at any time during the screening process; and
  - B. parental consent is obtained.
8. When explaining funding sources to a family, the service coordinator must advise the family that activities during the initial planning process (eligibility determination, screening, evaluation, assessment, and the Individualized Family Service Plan (IFSP)) will not have a cost to the family.
9. Consent to use a parent's insurance is required before the EIP or a provider can bill for the following activities :
  - A. evaluation;\*
  - B. the initial provision of early intervention services on the IFSP; and
  - C. for private insurance only, for each increase in frequency, length, duration, or intensity of an early intervention service on the IFSP.

\* Evaluations must be at no cost to the family, therefore an EIP cannot collect a co-pay if billing private insurance for an evaluation.
10. The consent to use private and public insurance also includes the parent's consent to disclose a family's personally identifiable information (such as the child's name and date of birth) to the health plan for reimbursement.
11. Consent to use a child's or family's public benefits or insurance (e.g., AHCCCS health plan or ALTCS) to pay for early intervention services, is needed if:
  - A. the parent or child was not already enrolled in AHCCCS initially but subsequently become eligible; or
  - B. the child/family is enrolled in AHCCCS and the use of the child's or parent's public benefit/insurance would:
    - (1) decrease available lifetime coverage or any other insured benefit for the child or responsible person;
    - (2) result in the responsible person paying for services that would otherwise be covered by the public benefit/insurance;
    - (3) result in any increase in premiums or discontinuation of public benefits/insurance for that child or responsible person; or
    - (4) risk loss of eligibility for the child or the responsible person for home and community-based waivers based on aggregate health-related expenditures.

Currently, none of the events listed in (1) – (4) will occur for a family when using AHCCCS. For AzEIP, the parent must sign the Consent to Use Insurance in order to bill the AHCCCS health plan because the consent includes the parent's consent to share the child's/parent's personally identifiable information (such as the child's name and date of birth) with the health plan.

12. For all families, other than those families who “screen out” (i.e., are not suspected of having a developmental delay), the service coordinator shares the Child and Family Assessment Guide for Families with the family and introduces it as a tool to help families share information with the early intervention team members so that they can better assist the family in supporting the child's participation in everyday activities and routines.

### **3.1.7 Procedures**

1. The AzEIP service coordinator meets with the family in their home or other location identified by the family and shares information with the family about the expectations for the family's experience in early intervention.
2. Using the family rights and the family funding booklets provided to the family, the service coordinator explains the rights of the family and the different funding sources to the family answering questions as needed.
3. If a screening is needed, the AzEIP service coordinator, using the Consent to Screen form:
  - A. provides prior written notice to the parent of AzEIP's intent to screen the child to identify whether the child is suspected of having a developmental delay;
  - B. obtains the parent's written consent to conduct the screening; and
  - C. explains the parent's right to request an evaluation at any time during the screening process.
4. The AzEIP service coordinator uses the AzEIP Vision Checklist to complete the vision screening with the family, and refers the family to the appropriate health care or other qualified professional, if needed. For the hearing screening, the service coordinator documents one of the following on the Hearing Screening Tracking form:
  - A. the results of the child's hearing screening with an otoacoustic emissions machine (OAE);
  - B. if the child is under one years old and passed his/her newborn screening test, the results of that test;
  - C. the results of other hearing screening tests the child has had per documentation provided by the family; or
  - D. a plan with the family to ensure the hearing screening is completed, for which the service coordinator is responsible for tracking to ensure the hearing screening is completed.

5. If, based on the screening, including observation, discussion with the family, review of pertinent medical and/or developmental records available, and if used, screening tool results, the child **is not** suspected of having a developmental delay, the AzEIP service coordinator:
  - A. Informs the family and other team members that the screening information does not substantiate the need for an evaluation to determine eligibility.
  - B. provides the family with prior written notice, verbally and in writing, indicating that (1) the EIP intends not to proceed with an evaluation and (2) the parent may request an evaluation.
  - C. provides the family their rights, including what to do if they disagree with the proposed decision not to evaluate.
6. If the screening, including observation, discussion with the family, review of available records, and if used, screening tool results, indicates that the child is suspected of having a developmental delay, or the parent requests an evaluation, the AzEIP service coordinator:
  - A. informs the family and other team members that the screening information supports a decision to conduct an evaluation or that the family requested an evaluation;
  - B. provides the family with prior written notice, verbally and in writing, indicating that the EIP proposes to conduct an evaluation of the child;
  - C. describes to the family the evaluation process; and
  - D. provides the family their rights, including dispute resolution procedures.
7. If exceptional family circumstances make it impossible to complete the screening within 45 days from the initial referral date, OR the parent has not provided consent for screening, despite repeated attempts by the service coordinator, the AzEIP service coordinator documents the circumstances or repeated attempts in contact log and the anticipated date for completion in I-TEAMS (reason for delay). Exceptional circumstances are events initiated and/or undertaken by the family, such as a move to a different region or a family member's illness.
8. When CPS is involved with a child and family, AzEIP must use the biological parent as the early intervention parent unless the parent cannot be located or does not attempt to act as the parent. A biological parent does not attempt to act as the parent when s/he does not respond to the attempts of the service coordinator/other team members to contact them. The service coordinator must make at least three attempts to contact the biological parent over a two-week period at different times of day and document the attempts in the child's record. If the biological parent does not respond to these attempts, the service coordinator may then ask the person with whom the child lives if s/he will act as the "parent" for purposes of early intervention.
9. If the family is interested in proceeding, the AzEIP service coordinator provides written notice of intent to evaluate and obtains written consent from the parent to conduct the evaluation using the Consent to Evaluate form.
10. For families interested in proceeding, the AzEIP service coordinator, in sharing the Child and Family Assessment Guide for Families, lets the family know that:
  - A. completing the guide is voluntary;
  - B. the parent can share as much or as little information as they wish;

- C. they can take the time between this visit and the next one to take a look at the items on the guide to help them think about what areas they would like early intervention to help with; and
  - D. the information from the guide will help the parent and other team members develop outcomes and identify strategies and early intervention services to assist the family in achieving the outcomes. This information will then be documented on the family's IFSP.
11. With appropriate consent (using the Authorization to Disclose Protected Health Information to obtain medical records or the Consent to Obtain Information), the AzEIP service coordinator obtains pertinent medical, health, developmental, and other records that may support a decision of eligibility and/or IFSP planning.
  12. The AzEIP service coordinator discusses with the family how services are funded for early intervention, including discussing the use of public and private insurance.. The service coordinator also provides the Family's Guide to Funding Early Intervention Services in Arizona, which explains how public and private insurance, are used and includes the identification of all potential costs the parent could incur.
  13. If the family has private or public insurance, the AzEIP service coordinator discusses with the parent the use of insurance as a possible source for paying for AzEIP services. At the initial visit, consent should only be obtained for using a family's private insurance for evaluation. If the family agrees to use their insurance, the AzEIP service coordinator obtains the family's written consent and insurance information.
  14. The AzEIP service coordinator also discusses with the family the option to share information with others, such as with the referral source (e.g., the pediatrician or early education and child care programs, such as child care, Early Head Start, etc.) If the family is interested, the AzEIP service coordinator completes the Consent to Share Early Intervention Records and Information form and specifically checks the individuals to whom the family has agreed to share information and the records that they agree to share.
  15. If Child Protective Services is involved with the family of a child and the child is a ward of the State (e.g., places in foster care), the AzEIP service coordinator will follow the AzEIP procedures to identify an appropriate representative to act as the child's educational parent under IDEA, Part C. See AzEIP Policies and Procedures, Chapter 7, *Procedural Safeguards*. (The CPS Specialist does not have the authority to sign any consents for a child in early intervention, however, good communication is necessary to ensure an early intervention parent can be designated as soon as possible.) The AzEIP service coordinator may communicate activities and next steps with the Child Protective Services without consent from the early intervention parent after receipt of a written request specifying the information requested and signed by the CPS staff. Information cannot be shared with other, non-CPS staff individuals who may be involved with the CPS case, such as the behavioral health providers, parent aide, etc. without parent consent, a subpoena or Court Order.
  16. The AzEIP service coordinator maintains the signed consents in the child's file and ensures the other team members are aware of the information contained in the consents.

17. The AzEIP service coordinator notifies members of the team of the child's need for evaluation and shares information about the parent's interests and concerns, developmental screening and observation, available records, and parent's availability for evaluation. Team member(s) are designated to conduct the multidisciplinary evaluation, if needed.
18. The AzEIP service coordinator, with support from the other team members, as needed, considers the family's potential eligibility for DDD or ASDB. If the child is possibly eligible for DDD or ASDB, the AzEIP service coordinator will contact the local representative/AzEIP service coordinator from that AzEIP Service Providing Agency to involve him/her in the evaluation and assessment.

### **3.1.8 Evaluation Policy**

1. DES/AzEIP ensures a timely, comprehensive, multidisciplinary evaluation of the functioning of children who are suspected of having a developmental delay or for whom a parent requests an evaluation, and with parental consent, the multidisciplinary team conducts an evaluation to determine AzEIP eligibility.
2. The AzEIP service coordinator explains the family's procedural safeguards, such as the family has the right to consent or not consent to the evaluation, but without consent, the EIP cannot move forward with the evaluation.

Evaluation is conducted for children who meet one of the following criteria:

- A. do not have medical or other records indicating that the child's level of functioning in one or more of the developmental areas constitutes a 50 percent developmental delay;
  - B. do not have an established condition;
  - C. screening results indicate that the child is suspected of having a delay, and the parent has provided consent; or
  - D. the parents have requested and consented to an evaluation, in writing.
3. An evaluation means the procedures used by qualified personnel to determine a child's initial and continuing eligibility for AzEIP. Evaluation procedures must include:
    - A. administering an evaluation instrument;
    - B. documenting the child's history (including interviewing the parent);
    - C. identifying the child's level of functioning in each of the developmental areas (cognitive development, physical development, including vision and hearing), communication development, social or emotional development, and adaptive development);
    - D. gathering information from other sources, such as family members, other caregivers, medical providers, social workers and educators, if necessary, to understand the full scope of the child's unique strengths and needs; and
    - E. reviewing medical, educational, or other records.

4. Evaluations are conducted by personnel who have been trained to use appropriate methods and procedures and to evaluate children from birth through 36 months.
5. In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility for AzEIP and no one team member may determine eligibility based on the evaluation.
6. The multidisciplinary evaluation team (MET) conducts an evaluation, which must:
  - A. be completed within 45 days of referral to AzEIP;
  - B. be comprehensive and include at least two people from two of the following disciplines: OT, DSI, TOD, TVI, Psych, PT, SLP, or SW;
  - C. use evaluation instruments that are administered in the native language, i.e., the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation; and
  - D. use procedures and materials that are selected and administered so as not to discriminate on the basis of race or culture.
7. A family may seek a second opinion outside of AzEIP on an evaluation. AzEIP is not responsible for costs the family incurs in seeking a second opinion on evaluation findings. The MET considers any subsequent evaluations, to re-determine whether a child is AzEIP eligible. Only MET determines AzEIP eligibility.
8. Evaluation instruments must be approved by DES/AzEIP. The tools used for the multidisciplinary team's (a) initial determination of AzEIP eligibility; and (b) if needed, re-determination of AzEIP eligibility are available on the AzEIP website.
9. The multidisciplinary team's determination of eligibility for AzEIP, and DDD's determination of its eligibility should, if at all possible, be made at or near the same time and as quickly as possible during the initial planning process. The AzEIP service coordinator and multidisciplinary team work with DDD, which determine eligibility for their respective agency before the initial IFSP meeting.
10. AzEIP evaluations support eligibility for DDD for children who are AzEIP eligible.
11. The family is entitled to a copy of the evaluation report for their child as soon as possible after the evaluation.

### **3.1.9 Procedures**

1. The multidisciplinary evaluation team reviews all available information and records and determines what information is still needed to determine eligibility for AzEIP and, if appropriate, DDD
2. If exceptional circumstances make it impossible to complete the evaluation within 45 days from the initial referral date, the AzEIP service coordinator documents (i) the circumstances - reason for delay, and (ii) the expected date of completion of the evaluation. Exceptional

circumstances are events initiated or undertaken by the family, such as a move or a family member's illness.

3. After the multidisciplinary team completes the evaluation, the date of eligibility is recorded on the AzEIP Data form and the AzEIP Developmental Evaluation Report is completed. If the MET recommends eligibility for DDD, the AzEIP service coordinator completes the AzEIP Data form and sends it, the developmental evaluation report, and all other necessary documentation to the DDD for eligibility determination.
4. The AzEIP service coordinator provides the family a copy of the developmental evaluation report within ten business days from the date of the evaluation.
5. If the child is determined not eligible for AzEIP, the AzEIP service coordinator:
  - A. provides prior written notice indicating that the team has determined that the child has not met the eligibility criteria, explains the reasons for the determination, and provides them their family rights booklet;
  - B. explores with the family other community resources and activities to assist them in supporting their child, such as child care, playgroups, library social time, informal and organized parent-parent support, and workshops through local schools, hospitals, childcare resources; and
  - C. ensures the data are entered, including information required to exit the child in I-TEAMS.
6. If the family disagrees with the decision of AzEIP eligibility, the family may initiate the dispute resolution process (i.e., filing a complaint, requesting mediation or a due process hearing) as described in the family rights booklet.
7. If the child is determined eligible for AzEIP, the AzEIP service coordinator:
  - A. provides prior written notice indicating that the team has determined that the child meets AzEIP eligibility criteria, explains the reasons for the determination, and provides them their family rights booklet; and
  - B. ensures the data are entered in I-TEAMS.
8. The AzEIP service coordinator or designee ensures that evaluation and eligibility data are entered into I-TEAMS.

#### **3.1.10 Assessment Policy**

1. AzEIP partners with families to understand their unique resources, priorities, concerns, and interests related to their child's development and the activities and settings in which the child and family spend time. Family and child assessment guides and documents this discovery process and ensures that the role of early intervention in the life of each family is specifically tailored to meet the priorities of each family.
2. AzEIP ensures the family provides written consent to conduct the child assessment prior to conducting the assessment.



3. For all children determined eligible for AzEIP, the following is required:
  - A. a multidisciplinary assessment of the unique strengths and needs of the child and the identification of services appropriate to meet those needs; and
  - B. a family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child.
4. Initial assessment refers to the assessment of the child and the family assessment conducted prior to the child's first IFSP meeting.
5. All assessments of the child and family must be:
  - A. conducted by qualified personnel, in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory;
  - B. unless clearly not feasible to do so, assessments of the child must be conducted in the native language of the child, i.e., the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the assessment
  - C. unless clearly not feasible to do so, family assessments must be conducted in the native language of the family members being assessed.
6. The multidisciplinary team chosen to complete the assessment with the family should be individualized to the family's needs based on the information gathered by the team throughout the initial planning process.
7. The voluntary, family-directed assessment is conducted to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's child in early intervention. The family-directed assessment is:
  - A. voluntary on the part of each family member participating in the assessment;
  - B. based on the information obtained through the assessment tool and also through an interview with those family members who elect to participate in the assessment; and
  - C. include the family's description of its resources, priorities, and concerns related to enhancing the child's development.
8. The assessment of the child must consider:
  - A. the results of the evaluation, if conducted;
  - B. personal observations of the child;
  - C. information gathered through family-directed assessment, specifically the family routines, activities and relationships with which the family would like support in enhancing their capacity to meet their child's developmental needs; and
  - D. the child's needs in each of the developmental areas and how the child's development affects the child's participation in the routines, activities and relationships that are important to the family.
9. The child assessment must be sufficiently comprehensive to develop a summary of the child's

present levels for the IFSP and to complete the Child Indicators Summary form. Therefore, if needed, the multidisciplinary team may use a broad spectrum assessment tool (i.e. criterion-referenced).

10. For children eligible for AzEIP based on a review of records (e.g., with an established condition), the child and family assessment must be conducted:
  - A. by the AzEIP service coordinator and at least one of the following individuals: developmental special instructionist; occupational therapist; physical therapist; psychologist; speech-language pathologist; social worker, vision specialist and hearing specialist); and
  - B. on a separate visit, after the service coordinator's first visit and before the initial IFSP meeting.
11. For children eligible for AzEIP based on an evaluation, the child and family assessment must be conducted:
  - A. by the AzEIP service coordinator and at least one of the following individuals: (1) DSI, OT, PT, SLP, SW, Psych, TOD, TVI; and
  - B. prior to the initial IFSP meeting, and may be completed as part of the evaluation visit (after eligibility determination) or prior to the beginning of the initial IFSP meeting.
12. The service coordinator facilitating the child and family assessment may be dual role and must include at least one other team members from the disciplines listed in 8. and 9. above.

### **3.1.11 Procedures**

1. Prior to the initial IFSP meeting, the AzEIP service coordinator coordinates with other team members to ensure a multidisciplinary child and family assessment is completed for AzEIP eligible children. For children who are DDD eligible and for whom DDD may be providing service coordination, the AzEIP service coordinator invites the DDD service coordinator to attend the child and family assessment.
2. The AzEIP service coordinator reviews the purpose of early intervention, including a review of the seven key principles. The service coordinator obtains consent to conduct the assessment using the Consent for Child Assessment form prior to the assessment begins.
3. The multidisciplinary members undertakes a child and family assessment process using the Child and Family Assessment Guide for Families to:
  - A. facilitate and document discussion with the family about (i) their priorities, resources and concerns related to their child's development; (ii) their routines, activities and relationships with which they would like support in enhancing their capacity to meet their child's developmental needs, and participation in everyday life; and (iii) the family's informal and formal support systems.
  - B. frame an understanding of how the child's development, across all domains, affects the child's (i) participation and engagement, (ii) social and emotional development,

including relationships, (iii) acquisition and use of skills and knowledge, and (iv) use of appropriate behavior to meet his/her needs, in the context of information gathered through the family-directed assessment, specifically the family routines, activities and relationships with which the family would like support. The discussion may be supported by:

- observation of children engaged in spontaneous, child-directed play with caregivers, siblings, and other children;
  - structured, adult-directed play;
  - play with other team members;
  - review of developmental and medical records; and
  - the family report.
4. The team asks the family about the child's current participation in the family's and caregiver's routines, activities and relationship, the strategies that caregivers have tried and the results, and what the child's successful participation would look like.
  5. Part of the initial assessment process includes discussing the Child Indicator process with the family. This process gathers information and data about an eligible child at the child's entry into and exit from early intervention to measure how the early intervention supports and services have helped the child progress developmentally. The information gathered is discussed with the family, recorded on the required Child Indicator form and entered into I-TEAMS.
  6. The Child Indicator process is designed to ensure the holistic support to a family and child resulting in the child's improved:
    - A. positive social-emotional skills;
    - B. acquisition and use of knowledge and skills; and
    - C. use of appropriate behaviors to meet his/her needs.
  7. Family and Child Assessment information is documented on the Child and Family Assessment pages of the family's IFSP.
  8. Family and child assessment will be conducted at least annually or more frequently, if needed, to support IFSP planning, to gather information related to IFSP outcomes and, as needed, for transition.

### **3.1.12 Initial Individualized Family Service Plan**

**3.1.13 Authority:** 34 C.F.R. §§ 303.340; 342(a), 343(a) and § 303.344

### **3.1.14 Policy**

1. The family and child assessment information occurs prior to the initial IFSP meeting and supports the IFSP team to develop outcomes that reflect the family's priorities, resources and concerns, and the family's routines, activities and relationships with which they would like support in enhancing their capacity to meet their child's developmental needs.

2. The team's understanding of the family's outcomes, existing and desired resources, and the child's strengths and interests form the basis for the discussion and determination of services that will support the achievement of the identified outcomes.
3. The initial IFSP shall be developed within 45 days of referral to AzEIP.
4. If exceptional circumstances make it impossible to complete the initial IFSP within 45 days of referral, the AzEIP service coordinator shall document the reason for delay in the child's record and entered into I-TEAMS.
5. IFSP meetings must be:
  - A. held in settings and at times that are convenient to families;
  - B. conducted in the native language of the family or other mode of communication used by the family; and
  - C. arranged with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they have the opportunity to attend.
6. The IFSP team includes:
  - A. the parent or parents of the child;
  - B. other family members, as requested by the parent, if feasible to do so;
  - C. an advocate or person outside of the family, if the parent requests that the person participate;
  - D. the AzEIP service coordinator (either from the AzEIP Team-based Early Intervention contractor or ASDB);
  - E. the DDD service coordinator, if the child is eligible for AHCCCS;
  - F. at least one member of the multidisciplinary team member involved in the evaluation and/or assessment; and
  - G. as appropriate, persons who will be providing early intervention services to the child and family.
7. The IFSP process and the services needed and received by a child who is eligible for AzEIP and the child's family will reflect cooperation, coordination, and collaboration among all agencies providing early intervention services.
8. The following are the federal components required in an IFSP:
  - A. information about the child's present levels of physical (including vision, hearing and health status), cognitive, communication, social or emotional, and adaptive development based on information from that child's evaluation and/or assessments;
  - B. with agreement from the family, a statement of the family's resources, priorities, and concerns related to enhancing the development of their child as identified through the family assessment;
  - C. the measurable outcomes or results expected to be achieved for the child (including pre-literacy and language skills as developmentally appropriate for the child) and family, including the criteria, procedures, and timelines that will be used to determine (1) the degree to which progress toward achieving the results or outcomes identified

- on the IFSP is being made; and (2) whether modifications or revisions of the outcomes or services are needed;
- D. the early intervention services, based on peer-reviewed research (to the extent practicable) and resources necessary to meet the unique needs of the child and family to achieve those outcomes or results. For each early intervention service, the IFSP must include:
- (1) The length (length of time during each session), duration (projection of when the child is expected to achieve the outcome on his/her IFSP), frequency (number of days or sessions), intensity (individual or group), and method of delivering each service (how a service is provided);
  - (2) The location (actual place or places) of the services;
  - (3) If an early intervention service is not provided in a natural environment, a justification as to why the service will not be provided in the natural environment, the plan to transition the service to the natural environment within six months or sooner, and strategies to support generalization and attainment of the outcome in a natural environment; and
  - (4) Payment arrangements.
- E. other Services, including medical or other services the child or family needs or is receiving through other sources, but that are neither required nor funded under Part C, early intervention. For services not currently being provided, include a description of the steps the service coordinator or family will take to secure those other services.
- F. the name of the AzEIP service coordinator; and
- G. the steps to be taken to support the smooth transition of the child from early intervention services by age three to (i) preschool services under IDEA, Part B to the extent those services are appropriate or (ii) other services that may be available. Those steps are documented on the IFSP and include:
- (1) Discussions with, and training of, parents, as appropriate, regarding future placements and other matters related to the child's transition;
  - (2) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting;
  - (3) Confirmation that child find information about the child has been transmitted to the school district and ADE, unless the family has opted out of this automatic referral;
  - (4) With parental consent, child information has been sent to the school district or other early childhood programs to ensure continuity of services from AzEIP to those other programs, including a copy of the most recent evaluation and assessments of the child and the family and most recent IFSP developed; and
  - (5) Identification of transition services and other activities that the IFSP Team determines are necessary to support the transition of the child.
- H. Signature of the parent, which provides consent for the early intervention services.
9. Early intervention services are set out in the IDEA, Part C:
- A. assistive technology device and service;
  - B. audiology;
  - C. family training, counseling, and home visits;

- D. health services necessary to enable the child to benefit from another early intervention service;
  - E. medical services only for diagnostic or other evaluation purposes;
  - F. nursing;
  - G. nutrition;
  - H. occupational therapy;
  - I. physical therapy;
  - J. psychological services;
  - K. service coordination;
  - L. sign language and cued language;
  - M. social work;
  - N. special instruction;
  - O. speech-language pathology;
  - P. transportation and related costs necessary for the child and family to receive an early intervention service; and
  - Q. vision.
10. The IFSP team considers all funding sources for early intervention services prior to using Part C funding. See AzEIP Policies and Procedures, Chapter 9, *Financial Matters*.
11. Early intervention services must, to the maximum extent, be provided in the family's natural environment. Natural environments are those settings that are natural or typical for a same-aged infant or toddler without a disability.
12. The determination of the appropriate setting for providing early intervention services for a child in AzEIP and his/her family, including any justification for not providing a particular early intervention service in the natural environment must be:
- A. made by the IFSP Team (which includes the parent and other team members);
  - B. consistent with the definition of natural environments as set out in 12; and
  - C. based on the child's outcomes that are identified by the IFSP Team.
13. After the outcomes have been developed, the IFSP team discusses who will be the Team Lead for the family. The Team Lead expands support for families by using the core team (and the psychologist, social worker, vision specialist and hearing specialist, if needed) who are accountable to the family as well as one another.
14. The Team Lead's focus is on collaborative coaching of families as the primary intervention strategy to implement jointly-developed, participation-based IFSP outcomes in the family's natural environments with ongoing coaching and support from other team members.
15. The Team Lead does not meet all the service needs of the child. The other team members support the Team Lead, through regular team meetings and joint visits with the family as identified on the IFSP.

16. All core team members must be available to act as a Team Lead for families on the core team's caseload. Where appropriate, the psychologist, social worker, Teacher of the Visually Impaired or Teacher of the Deaf or Hard of Hearing may be the Team Lead with support from the other team members.
17. No one factor is the sole determinant of who is the Team Lead for a family. The following factors all considered:
  - A. parent/Family factors include parent priorities, family dynamics and characteristics of family members (culture, language, etc.) and availability of the family.
  - B. child factors include diagnosis, child specific interests (trains, balls, etc.) and activity settings.
  - C. environmental factors include the natural learning environments of the child and family such as locations within the community. It also includes safety considerations, distance.
  - D. practitioner factors include knowledge and expertise as it relates to the child and family factors. Assigned areas, billability, prior relationship with family, and availability are the factors to consider.
18. The role of a Team Lead is to:
  - A. act as a liaison to the family and team;
  - B. interact with the family most often;
  - C. promote child participation within routines and activities;
  - D. receive team support; and
  - E. have scheduling that is flexible, activity based and includes bursts of service.
19. The contents of the IFSP must be fully explained to the family and informed written consent from the parent must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided. The early intervention services determined by the IFSP team, noted on the IFSP and to which parental consent is obtained must be provided.
20. When a child is eligible for DDD and the AzEIP team-based contractor is providing service coordination, the AzEIP service coordinator, once appropriately trained, ensures the DDD Risk Assessment is completed with the family using the DDD Risk Assessment form. The form is maintained in the child's record.
21. Each family receives a copy of the IFSP as soon as possible after the initial IFSP meeting.
22. The AzEIP or ASDB service coordinator may be dual role if they are identified as the Team Lead for the family.

### **3.1.15 Procedures**

1. Within 45 days of the referral to AzEIP, the IFSP team ***completes*** the initial IFSP for eligible children and their families.
2. The AzEIP service coordinator schedules the initial IFSP meeting with the family. If the child is also eligible for DDD, the DDD service coordinator is also invited to attend the initial IFSP meeting. The AzEIP service coordinator sends the family and other meeting participants a written meeting notice with the agreed-upon date, time, and location of the meeting.
3. The AzEIP service coordinator facilitates the initial IFSP meeting and documents the planning on the IFSP form. Facilitation includes ensuring that everyone on the team has a voice in the discussion.
4. A multidisciplinary evaluation or assessment team member (not including the service coordinator) attends the IFSP meeting and provides information gathered during the initial planning process.
5. The AzEIP service coordinator reviews with the family and the other IFSP team members, the family and child assessment information, which is documented on Child and Family assessment pages of the IFSP. If the family was not able to review the Child and Family Assessment Guide, the service coordinator provides the family another copy and walks through the guide with the family.
6. The IFSP team develops participation-based outcomes that reflect the family's priorities and interests, and the routine and activities with which they would like support from early intervention.
7. The IFSP team identifies appropriate early intervention services, including the type and frequency needed to support the attainment of outcomes.
8. The IFSP team determines the Planned Start Date of each service and documents the date on the IFSP services page. When considering the Planned Start date, the team should consider a date as soon as possible after the IFSP that supports the IFSP outcomes and recognizes the family's priorities and schedule.
9. The community resources identified and/or existing for the family are noted in the "Other Services" section of the IFSP.
10. The AzEIP service coordinator, in coordination with other team members, discuss all possible funding sources for the services, recognizing AzEIP as the payor of last resort.
11. The AzEIP service coordinator ensures as appropriate, that all resources available to the family for services are utilized such as:
  - A. private insurance: the AzEIP service coordinator explains to the family about its use for services and accesses it with the family's signed, written consent to use it and to



- disclose the family's information to the health plan. The service coordinator explains that private insurance may not cover the entire costs of the services and shares with the family the amount private insurance may cover if the claim is allowed;
- B. AHCCCS: the AzEIP service coordinator follows the AzEIP – AHCCCS protocol for using AHCCCS as a funding source for services when the family has AHCCCS insurance and ensures consent to use it is obtained, when appropriate and also consent to disclose information to the health plan is obtained if using;
  - C. Comprehensive Medical and Dental Program (CMDP): the AzEIP service coordinator accesses CMDP to pay for services when the child is in foster care; and/or
  - D. other resources as identified by the team. If community resources or private/public insurance are not available for the services needed to meet the family's outcomes, then AzEIP may be the funding source
12. The AzEIP service coordinator facilitates the conversation with the family about transition in order to outline steps during the child's time in early intervention and ensure that the family has sufficient information to make an informed decision about what they would like for their child when she/he turns three years of age. If the child is two years old or older, the service coordinator follows the policies and procedures set out in Chapter 4, Transition.
13. The AzEIP service coordinator explains the family's rights and provides or ensures the family has the Child and Family Rights in the Arizona Early Intervention Program booklet. For example, the AzEIP service coordinator explains that signature of the IFSP is the family's consent to initiate services and explains what the family's rights are if they disagree with decisions and what their options are for accepting/declining services.
14. The AzEIP service coordinator asks the family whether they would like to share the IFSP and other previously created or future records with anyone, such as the family's pediatrician. The service coordinator may use the IFSP to document the parent's consent to share record (on the Informed Consent page) or the Consent to Share Early Intervention Records form.
15. The AzEIP service coordinator:
- A. ensures the parent has a copy of the evaluation, if conducted, and the IFSP within two weeks after each IFSP meeting;
  - B. ensures that IFSP team members have a copy of the IFSP within two weeks after the development of the IFSP, and the distribution is documented in the Record Access and Release log of the child's file.
  - C. sends the IFSP to other individuals to whom the parent has consented to the sharing, such as the pediatrician, Healthy Families, Early Head Start, Child Protective services and other early education and child care programs; and
  - D. enters all IFSP data (or ensures it is entered) as directed by DES/AzEIP into I-TEAMS.
16. In addition to the above requirements, the AzEIP service coordinator maintains the IFSP

and all other early intervention records in the child's file as confidential in accordance with the Family Educational Rights and Privacy Act (FERPA).

17. During the IFSP meeting and based on the entire review of information, the team designates the IFSP team member who will be the team lead for each family of an eligible child. The determination of team lead may not be based solely on an area of developmental delay or disability, but should include other variables, such as the family's interests, priorities and routines, and IFSP outcomes.

Example: If, during assessment, the family expresses concerns about their child's participation in the neighborhood childcare setting, the team may designate the developmental special instructionist as the team lead who has a particular expertise in working with childcare centers and/or a relationship with that center.

19. The IFSP team may determine that the team lead should change with the family's priorities, but change of the team lead should be infrequent, such as when a family member requests a change due to a personality conflict or when the parent and/or team lead believes that even with assistance from other team members, he or she is ineffective in supporting the family.
19. The IFSP team also determines how other IFSP team members are involved with the family, such as joint visits. The AzEIP service coordinator documents the decisions for services, including how the services are to be provided on the IFSP.
20. When service coordination is to be provided by the AzEIP Team-based Early Intervention Contractor, only the Team Lead for the family may be the dual role service coordinator after the initial IFSP meeting.

### **3.2.0 Implementation of the Individualized Family Service Plan**

#### **3.2.1 Authority:**

#### **3.2.2 Policy**

1. In implementing early intervention services, the IFSP team members and the family/care providers, identify, model, evaluate, and adjust strategies that support the family and child in achieving IFSP participation-based outcomes within family, community, and early childhood contexts, which are part of the family's everyday life. Those strategies may change during a home visit with the family, as needed, and the IFSP members and family formulate new strategies for meeting the outcomes.
2. The role of the IFSP team members in supporting infants and toddlers and their families:
  - A. considers the natural environments, family routines, and activity settings in which the child could, should, or would like to participate and that are the context for attainment of IFSP functional outcomes;
  - B. identifies both planned and spontaneous interest-based learning opportunities that do or could occur within these activity settings; and
  - C. assists the family and other caregivers to use these learning opportunities to lead to desired skills and behaviors.

3. Joint visits by team members are an important component of early intervention. The benefits of joint visits include:
  - A. families can explain their concerns once, versus having to repeat their story to different people on different days;
  - B. team members can strategize with the family together, incorporating the family's goals with each member's professional expertise;
  - C. team members can learn from each other as expertise is shared with the family; and
  - D. a joint plan of strategies can be created during the visit.
4. The AzEIP service coordinator helps the family expand their resource network by helping the family to access community resources and assistance identified through the family assessment and IFSP process. These discussions may include:
  - A. asking whether a family was successful in applying for Supplemental Security Income (SSI) or WIC, and if they need further assistance.
  - B. identifying new circumstances for the family, such as interest in the child's participation in swimming lessons or activities with other children in their neighborhood.
5. If a child becomes a ward of the State while enrolled in early intervention, the AzEIP service coordinator follows the AzEIP policies and procedures to identify an appropriate representative to act as the child's early intervention parent under IDEA, Part C. See Chapter 7 of the AzEIP Policies and Procedures, *Procedural Safeguards*.
6. The AzEIP service coordinator is responsible for ensuring that all early intervention services on the family's IFSP are timely. An early intervention service is timely if it begins on or before the planned start date on the IFSP, but no later than 45 days from the date the family consents to the service (i.e., signs the IFSP), unless the service has a planned start date greater than 45 days from the date of the IFSP. In these instances, the service is timely if it starts on or before the Planned Start Date.
7. Where a licensed professional seeks reimbursement for IFSP services from public or private insurance, the professionals shall prepare and maintain the appropriate paperwork necessary to seek such reimbursement.
8. Team-Based early intervention services are provided a team lead and coaching approach for the families and children served.
9. All home visits by IFSP team members (other than the service coordinator or during an IFSP meeting) must be documented using a home visiting log, signed by the family, which includes the IFSP outcomes and the appropriate elements of coaching used during the session, including the join plan made by the team member(s) and the family at the end of the session.
10. When the child is DDD eligible and the AzEIP team-based contractor is providing service coordination, the AzEIP service coordinator will communicate with DDD when

the child's circumstances change indicating potential eligibility for Arizona's Long-Term Care System, such as a new developmental or medical diagnosis, or regression in development. The AzEIP service coordinator and DDD will coordinate to ensure the family is informed about ALTCS and, if interested, moves forward with the steps to determine whether an application is appropriate.

### **3.2.3 Procedures**

1. After the initial IFSP is completed, the AzEIP service coordinator is responsible for ensuring that the child and family receive the early intervention services designated on the IFSP in a timely manner as defined by the "Planned Start Date" on the IFSP.
2. The AzEIP service coordinator assists the family with identifying and/or facilitating application for/access to other community activities and resources of interest to the family, such as Early Head Start, health insurance, and Supplemental Security Income. AzEIP service coordinators connect families to parent information and outreach and/or advocacy organizations for support and information. The community resources identified and/or existing for the family are those noted in the "Other Services" section of the IFSP.
3. The AzEIP service coordinator has regular contact with the family to ensure that early intervention services are provided as planned, determine the need to reconvene the IFSP team to discuss new outcomes or changes in services, etc. and/or to ensure that the family established access to resources (such as WIC, Early Head Start, and other early education and child care programs) previously identified and to discuss any new questions or interests the family might have.
4. The IFSP team reviews the IFSP for each child and the child's family every six months or more frequently if needed, or if an IFSP team member or the family requests a review. Changes must be documented and dated on the IFSP form, and for any changes to services, the IFSP Addendum is used. The review looks at the progress being made on the outcomes and determines whether modifications or revisions of the outcomes and services are needed. At the IFSP review, the team considers:
  - A. the degree to which progress toward achieving the outcomes is being made; and
  - B. whether modification or revision of the outcomes and/or supports and services is necessary. If a service is increased or a new service is added, and the family had previously provided consent to bill the family's insurance, consent, reflecting the new and/or increased service must be obtained.
5. A new IFSP (using a blank IFSP form) is developed annually. For the annual IFSP, updated information from the child and family assessment is documented on the new form.
6. The AzEIP service coordinator explains and provides the AzEIP family survey to the family at each annual IFSP and at transition from early intervention. The AzEIP service coordinator completes the demographics at the top of the survey prior to providing the survey (with a postage prepaid envelope) to the family.
7. In addition to fulfilling the requirements listed in 1-6 above, providers of team-based

early intervention services implement the following requirements:

- A. Core team members (DSI, OT, PT, SLP), service coordinators, other team members (Psych, SW, TVI, TOD, & other Part C early intervention service providers) will utilize a coaching interaction style, which:
  - (1) Builds the capacity of parents and other care providers to promote child learning and development in family, community, and early childhood settings; and
  - (2) Occurs between team members to expand a practitioner's ability to reflect upon and learn from their practices.
- B. The five elements of coaching shall be implemented at every coaching opportunity with the family and team members: Joint Planning, Observation, Action/Practice, Reflection, and Feedback.
  - (1) Joint Planning
    - a. occurs as part of all coaching conversations;
    - b. includes planning for the next visit;
    - c. generally occurs at the beginning and end of visit with a family/caregiver; and
    - d. includes discussing the next scheduled visit based on the plan determined; through the joint planning process.
  - (2) Observation
    - a. Observation of the family/caregiver by the IFSP team member where the team member observes what the parent/caregiver typically does in a routine or observes them practicing recently discussed ideas/strategies; or
    - b. Observation of the IFSP team member by the family/caregiver where the team member models an activity. Modeling should be intentional, direct, and specific.
  - (3) Practice:
    - a. Occurs during the coaching visit while being observed by the team member or in between coaching visits as the family/caregiver implements the actions into their daily routines.
  - (4) Reflection:
    - a. Occurs during a visit;
    - b. Follows an observation or action; and
    - c. Uses reflective questions to provide an opportunity to analyze strategies and develop skills.
  - (5) Feedback:
    - a. Is provided by an IFSP team member following the opportunity for the parent/caregiver to reflect upon observations, actions, or the practice of new skills or strategies
- 8. The involvement of other core team members with the Team Lead may take place through:
  - A. joint visits;
  - B. a joint conference call;
  - C. regularly scheduled team conferencing meetings, to which the family is invited to

- participate for the portion related to their family and child, or
- D. separate visits with the family by another core team member. If a separate visit occurs, the other core team member informs the team lead of information shared with the family as soon as possible after that visit so that the team lead has the information before his/her next contact with the family.
9. The IFSP reflects the team's decision regarding the role that each team members have in supporting the parents, caregivers and the team lead.
  10. Through ongoing coaching activities, the family and team lead may identify the need to involve other core team members to help understand and address new questions and offer new strategies and perspectives. The involvement of the other core team member(s), including the AzEIP service coordinator, should be coordinated by the team lead and designed to support the team lead and family in their continued progress toward IFSP outcomes.
  11. The team lead synthesizes information about all areas of the child's development and integrates strategies from all team members to address the outcomes and ensure that early intervention is meaningful and functional for families.
  13. The IFSP reflects the team's decision regarding the role that each team members have in supporting the parents, caregivers and the team lead.
  13. At least once a quarter, the core team reviews progress on the IFSP outcomes and the strategies being used to support the family. Based on information shared and discussed by the team, the team lead completes the quarterly integrated summary of the IFSP team's activities related to the child and family's outcomes. The family is invited to the team conferencing meeting for their family. The team will accommodate family participation by phone or other means to ensure it is convenient for the family.
  14. AzEIP service coordinators have monthly contact with families in-person, by phone, and/or by e-mail to check with the family about how the services are going, whether there have been any changes with the family, whether there are any new resources needed, etc.
  15. When a child is enrolled in ALTCS, the Team Lead should attend, if possible, the ALTCS quarterly review meetings with the DDD service coordinator. If a need for revision of the IFSP is determined at the review meeting, the service coordinator will follow the procedures for holding an IFSP review meeting, including notice of the meeting to the family and other participants the family wishes to attend, and ensuring all IFSP team members are invited and attend in-person.
  16. If during the implementation of the IFSP, the team determines that the child may be eligible for the Arizona Long-Term Care System (ALTCS) through DDD, the AzEIP service coordinator will contact DDD and work together on the procedures for determining ALTCS eligibility.

17. As a child approaches the age of three who is enrolled in DDD, the AzEIP service coordinator works with the local DDD District Office to transition the child within DDD for services after the age of three.

### **3.3.0 Periodic and Annual Review of the IFSP**

#### **3.3.1 Authority: § 303.342(b) and § 303.342(c)**

#### **3.3.2 Policy**

1. A review of the IFSP for a child and the child's family must be conducted in-person every six months.
2. The purpose of the periodic review is to determine:
  - A. the degree to which progress toward achieving the results or outcomes identified in the IFSP is being made; and
  - B. whether modification or revision of the results, outcomes, or early intervention services identified in the IFSP is necessary.
3. Other reviews may occur more frequently if conditions warrant, or if the family or other IFSP team member requests such a review and may be carried out by a meeting or another means that is acceptable to the parent and other participants, including other family members, advocates or other person's outside the family, as requested by the parent.
4. All IFSP reviews must:
  - A. be conducted in the native language of the family or other mode of communication used by the family; and
  - B. be arranged with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.
5. IFSP team members currently providing services to the child and family are required to attend IFSP meetings in person with the one exception of the team member who conducted the assessment who, if unable to attend the meeting in person, may have arrangements for the person's involvement through other means, including:
  - A. participating in a telephone conference call;
  - B. having a knowledgeable authorized representative attend the meeting; or
  - C. make pertinent records available at the meeting, such as a quarterly report.
6. Changes to early intervention services on the IFSP must be documented on the Addendum page of the IFSP.
7. The contents of the IFSP must be fully explained to the parents and informed written consent must be obtained, prior to the provision of early intervention services described in the IFSP.
8. Each early intervention service must be provided in accordance with the IFSP planned start date, which should be as soon as possible after the IFSP meeting where the parent consents to the service, and in a manner that best supports the IFSP outcome and recognizes the family's priorities and schedules.

9. A meeting must be conducted on at least an annual basis to evaluate and revise, as appropriate, the IFSP for a child and the child's family. The results of any current evaluations and other information available from the assessments of the child and family conducted must be used in determining the early intervention services that are needed and will be provided.
10. The annual IFSP meetings must:
  - A. be held in settings and at times that are convenient to families;
  - B. be conducted in the native language of the family or other mode of communication used by the family; and
  - C. be arranged with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they have a reasonable opportunity to attend.
9. An annual assessment must be conducted before or during the annual IFSP meeting. The annual assessment must meet the following requirements:
  - A. consent to conduct the child assessment must be obtained prior to conducting the assessment; and
  - B. the Child and Assessment Guide for Families must be sent to or provided by an IFSP team member at least two weeks prior to the scheduled annual IFSP date.
10. The contents of the IFSP must be fully explained to the parents and informed written consent must be obtained, prior to the provision of early intervention services described in the IFSP.
11. The AzEIP service coordinator provides and explains the family survey to the family at the annual IFSP.
12. When a child is eligible for DDD and the AzEIP team-based contractor is providing service coordination, the AzEIP service coordinator ensures the DDD Risk Assessment is completed annually with the family using the DDD Risk Assessment form. The form is maintained in the child's record.

#### **3.3.4 Procedures**

1. The service coordinator is responsible for ensuring the IFSP is reviewed every six months or more frequently if the parent or other IFSP team member requests a review.
2. The service coordinator schedules a review, with the IFSP team members to determine:
  - A. the degree to which progress toward achieving the results or outcomes identified in the IFSP is being made; and
  - B. whether modification or revision of the results, outcomes, or early intervention services identified in the IFSP is necessary.



3. The service coordinator sends the written IFSP meeting notification to the family and other participants early enough before meeting to ensure that they will be able to attend.
4. The service coordinator ensures the necessary steps are taken for the review to be conducted in the native language of the family or other mode of communication used by the family, unless clearly not feasible to do so.
5. The review, including any revisions to the outcomes and/or strategies is documented on the initial/annual IFSP document. If the type, frequency, intensity and/or duration of an early intervention service is changed, the service coordinator uses the IFSP Addendum pages to document the team's decision regarding early intervention services, provides prior written notice and obtains parent consent to the change in services, and, if needed, to use insurance.
6. The service coordinator schedules the Annual IFSP meeting with the family and other IFSP members providing services and sends the family and other meeting participants requested by the family, a written meeting notice with the agreed-upon date, time, and location of the meeting.
7. An IFSP team member, such as the Service Coordinator or Team Lead, provides the family with the Child and Family Assessment Guide at least two weeks prior to the annual IFSP meeting. The family can be given the guide or it can be mailed to them. The AzEIP service coordinator or Team Lead discusses with the family the purpose of the guide prior to sending it. Assessment information is documented on the child and family assessment pages of the IFSP.
8. The service coordinator uses a new, clean IFSP form at each annual IFSP meeting and ensures the family receives a copy of the IFSP and any assessments of the child and family within two weeks of the IFSP meeting.

### **3.4.0 Eligibility Considerations after the Implementation of the Initial IFSP**

#### **3.4.1 Policy**

#### **3.4.2 Subsequent Eligibility for Other AzEIP Service Providing Agency**

1. If during implementation of the IFSP, the IFSP team determines that the child may be eligible for either DDD and/or ASDB, the AzEIP service coordinator is responsible for coordinating the determination of eligibility with DDD and/or ASDB.
2. If the child who had been eligible for AzEIP, but not DDD or ASDB, (aka AzEIP-only), is determined eligible for DDD or ASDB, the AzEIP service coordinator works with DDD and ASDB to determine if there will be a change in service coordinator. If there is a change, the service coordinator informs the family of the change and schedules a meeting with the family and the new service coordinator. The AzEIP contracted service coordinator sends a copy of the child's complete file to DDD and/or ASDB within two days of DDD and/or ASDB's determination of eligibility if service coordination will change.

#### **3.4.3 Re-determination of Eligibility**

1. If the IFSP team suspects that a child is functioning at or near appropriate developmental levels, the AzEIP service coordinator, along with the IFSP team, will discuss how the child is functioning within the family. At this time, the family may decide that they no longer want to continue with early intervention services.

#### **3.4.4 Procedures**

1. If the family agrees and decides to end early intervention services, the AzEIP service coordinator implements all the required AzEIP procedures, such as the exit rating on the Child Indicator form and supports the family in identifying other community resources, as appropriate.
2. If the family disagrees with the IFSP team regarding how the child is functioning, the AzEIP service coordinator will obtain parental consent, and if provided, plan and coordinate a multidisciplinary evaluation to determine whether the child continues to be eligible for AzEIP. All requirements of an evaluation must be met, and the multidisciplinary team is responsible for ensuring the appropriate documentation of the evaluation.
3. If the child is found after re-evaluation to no longer meet AzEIP eligibility criteria, the AzEIP service coordinator implements all the required AzEIP procedures, such as Prior Written Notice and the family's procedural safeguards, to inform the family of the findings and support the family in identifying other community resources, as appropriate.
4. The IFSP team, along with the family, completes the exit rating on the Child Indicator Summary form and enters the data into I-TEAMS.
5. The AzEIP service coordinator also:
  - A. documents the team's decision on the AzEIP data form with the date and then places in the child's file, along with the supporting document;
  - B. provides the family with an AzEIP Family Survey; and
  - C. ensures the child's record is closed in I-TEAMS.

### **3.5.0 Team Meetings**

#### **3.5.1 Policy**

1. The purpose of team meetings is to share information among team members about children and families enrolled in AzEIP, provide coaching opportunities, and ensure that services are provided in accordance with the IFSP.
2. Team Meetings should occur in person or if necessary by telephone conferencing to ensure all team members participate, as long as confidentiality is maintained.
3. Within an EIP there may separate, small teams with individual caseloads that meet for shorter periods of time weekly, or on an alternate schedule approved by DES/AzEIP, due to the smaller caseload.

4. Team Meetings occur weekly and shall include all core team members, the DDD and ASDB Service Coordinators, and as appropriate, the Psych, SW, TVI, and TOD working with the family.
5. The weekly discussion shall not include all children and families, but only those requested by a team member to be included on the agenda or those scheduled for their periodic review. Periodic reviews of all children shall occur at least quarterly.
6. Families participate in the team meetings through in-person attendance, calling-in to the meeting, or asking the Team Lead to share their questions/concerns. Teams should ensure that families have adequate notice to be able to participate in team meetings in person or by phone.
7. The Team accommodates family participation by telephone or other means to ensure it is convenient for the family. If the family participates in the Team Meeting and an IFSP change is identified and agreed upon by the family, a revision may only be made in accordance with AzEIP policies and guidance documents. In most circumstances, IFSP decisions will not be made at the Team Meeting. IFSP decisions are never made without the full participation of the parent(s).
8. Team meetings shall have a facilitator.
9. Every child is discussed quarterly (four times per year from the date of the initial IFSP) and a quarterly report prepared and kept in the child's early intervention records.

### **3.5.2 Procedures**

1. The team facilitator can be a team member, supervisor or other staff person. Their responsibilities include:
  - A. ensuring all information is gathered from team members;
  - B. publishing an agenda 24 hours prior to meeting;
  - C. documenting each coaching opportunity and placing in the child's record;
  - D. ensuring that the team stays on track and follows the agenda;
  - E. ensuring that the discussions are related to the child and family outcomes and new priorities and/or concerns;
  - F. challenging team members to confirm that the strategies suggested are evidence-based; and
  - G. maintaining the schedule for quarterly reviews.
2. If the parent does not participate in the Team Meeting, the Team Lead summarizes the team's discussion and shares with the family at the next home visit.

3. The AzEIP service coordinator ensures that the minutes from team meetings and quarterly reports for a child and family are kept in the child's early intervention records.
4. If the Team Lead or AzEIP Service Coordinator determines that a Team Meeting for a family and child needs to occur sooner than the quarterly timeline, the Team Lead or service coordinator contacts the meeting organizer and request that the family be added to the team meeting agenda. Once discussed, the team meeting review schedule for that family shall be adjusted accordingly.
5. At the quarterly meeting, the team members have a quick discussion about what is happening now for the child and family including an update on outcomes and services.
6. The majority of time spent at a team meeting should be spent for coaching opportunities.

Information in Sections 3.1.0, 3.2.0, and 3.5.0 adapted from Rush, D. D., & Shelden, M. L. (2011). The early childhood coaching handbook. Baltimore, MD: Paul H. Brookes Publishing Co.